

A FDID ☐ Star State ☐ Star Incident Date ☐ Star MM DD YYYY Station Incident Number ☐ Star Exposure ☐ Star ☐ Delete ☐ Change ☐ No Activity **NFIRS - 1 Basic**

B Location ☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in **Section B** "Alternative Location Specification". Use only for Wildland fires. Census Tract ☐ - ☐

☐ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type ☐ Star Incident Type ☐

D Aid Given or Received ☐ Star

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☐ None

Their FDID Their State Their Incident Number

E1 Dates & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.

Month Day Year Hour Min

Alarm ☐ Star ☐ Arrival ☐ Star ☐ Controlled ☐ Last Unit Cleared

ALARM always required

ARRIVAL required, unless canceled or did not arrive

CONTROLLED optional, except for wildland fires

LAST UNIT CLEARED, required except for wildland fires

E2 Shifts & Alarms Local Option

Shift or platoon Alarms District

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken ☐ Star

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources ☐ Star

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression EMS Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ Contents \$

PRE-INCIDENT VALUE: Optional

Property \$ Contents \$

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civilian Fire Cas.-4
☐ Fire Serv. Casualty-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 Casualties ☐ None

Deaths Injuries

Fire Service Civilian

H2 Detector Required for confined fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None

1 ☐ Natural gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling <55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not mixed

10 ☐ Assembly Use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☐ Star Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school or kindergart.
215 ☐ High school or junior high
241 ☐ College, adult ed.
311 ☐ Care facility for the aged
331 ☐ Hospital

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field

341 ☐ Clinic, clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2- family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarded house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales

936 ☐ Vacant lot
938 ☐ Graded/cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway

539 ☐ Household goods, sales, repairs
579 ☐ Motor vehicle/boat sales/repairs
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

981 ☐ Construction site
984 ☐ Industrial plant yard

Look up and enter a Property Use code only if you have NOT checked a Property Use box: ☐ Property Use ☐

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L**Remarks:**

Local Option

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

☐ Buildings 111☐ Special structure 112☐ Confined 113-118☐ Mobile Property 120-123☐ Vehicle 130-138☐ Vegetation 140-143☐ Outside rubbish fire 150-155☐ Special outside fire 160-164☐ Crop fire 170-173

Complete Fire & Structure
Complete Fire Mod. & the I
block on Structure Module
Complete Basic Module
Complete Fire Module
Complete Fire Module
Complete Fire or Wildland
Complete Basic Module
Complete Fire Module
Complete Fire Module



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. → ☐

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

Complete this side for all fires

A

FDID State MM
Incident DateDD
Incident Date

YYYY

Station Incident Number Exposure ☐ Delete
☐ ChangeNFIRS - 2
Fire

B Property Details

B1 ☐ Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved*B2 ☐ Buildings not involved
Number of buildings involvedB3 , ☐ None
Acres burned (outside fires) ☐ Less than one acreC On-Site Materials or Products ☐ None

Enter up to three codes. Check one box for each code entered.

On-site material (1)
On-site material (2)
On-site material (3)Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, *whether or not they became involved*1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1
Area of fire origin D2
Heat source D3 1 ☐ Check box if fire spread was confined to object of origin
Item first ignited D4
Type of material first ignited
Required only if item first ignited code is 00 or <70E1 Cause of Ignition ☐ ☐ Check box if this is an exposure report.

- 1
- ☐
- Intentional
-
- 2
- ☐
- Unintentional
-
- 3
- ☐
- Failure of equipment or heat source
-
- 4
- ☐
- Act of nature
-
- 5
- ☐
- Cause under investigation
-
- U
- ☐
- Cause undetermined after investigation

☐ Skip to Section GE2 Factors Contributing To Ignition ☐ None
Factor contributing to ignition (1)
Factor contributing to ignition (2)E3 Human Factors Contributing To Ignition ☐ None

Check all applicable boxes

- 1
- ☐
- Asleep
-
- 2
- ☐
- Possibly impaired by alcohol or drugs
-
- 3
- ☐
- Unattended person
-
- 4
- ☐
- Possibly mentally disabled
-
- 5
- ☐
- Physically disabled
-
- 6
- ☐
- Multiple persons involved

7 ☐ Age was a factorEstimated age of person involved 1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None ☐ If equipment was not involved, skip to Section G
Equipment InvolvedBrand Model Serial # Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

- 1
- ☐
- Portable
-
- 2
- ☐
- Stationary

Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None
Fire suppression factor (1)
Fire suppression factor (2)
Fire suppression factor (3)H1 Mobile Property Involved ☐ None

- 1
- ☐
- Not involved in ignition, but burned
-
- 2
- ☐
- Involved in ignition, but did not burn
-
- 3
- ☐
- Involved in ignition and burned

Mobile property model License Plate Number State VIN Number

H2 Mobile Property Type & Make

Mobile property type
Mobile property makeYear

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies:

- ☐
- Arson report attached
-
- ☐
- Police report attached
-
- ☐
- Coroner report attached
-
- ☐
- Other reports attached

Structure fire? Please be sure to complete the other side of this form.

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure complete the rest of this form <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure </div>	I2 Building Status ☆ 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building Height ☆ Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Total number of stories at or above grade </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Total number of stories below grade </div>	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> , , Total square feet </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> , BY , Length in feet Width in feet </div>
---	---	---	---

**NFIRS-3
Structure
Fire**

J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Story of fire origin </div> <input type="checkbox"/> Below grade	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/ minor damage (1 to 24% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/ significant damage (25 to 49% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/ heavy damage (50 to 74% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/ extreme damage (75 to 100% flame damage) </div>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Skip to Section L </div>
J2 Fire Spread ☆ 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		K1 <div style="border: 1px solid black; padding: 5px; width: 100%;">Item contributing most to flame spread</div> K2 <div style="border: 1px solid black; padding: 5px; width: 100%;">Type of material contributing most to flame spread</div> <div style="font-size: small; margin-top: 5px;">Required only if item contributing code is 00 or <70.</div>

L1 Presence of Detectors ☆ (In area of the fire) N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Skip to section M </div>	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated. 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Complete Section L5 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Complete Section L6 </div>	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System ☆ N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Complete rest of Section M </div>	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of sprinkler heads operating </div>	

A	<div style="display: flex; justify-content: space-between;"> <div>FDID <input style="width: 40px;" type="text"/></div> <div>State <input style="width: 40px;" type="text"/></div> <div>Incident Date <input style="width: 40px;" type="text"/></div> <div>Station <input style="width: 40px;" type="text"/></div> <div>Incident Number <input style="width: 40px;" type="text"/></div> <div>Exposure <input style="width: 40px;" type="text"/></div> </div>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 4 Civilian Fire Casualty
----------	---	--	---

B Injured Person <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input style="width: 200px;" type="text"/> <small>First Name</small> </div> <div> <input style="width: 20px;" type="text"/> <small>MI</small> </div> <div> <input style="width: 200px;" type="text"/> <small>Last Name</small> </div> <div> <input style="width: 20px;" type="text"/> <small>Suffix</small> </div> </div>	C Casualty Number <div style="margin-top: 10px;"> <input style="width: 40px;" type="text"/> <small>Casualty Number</small> </div>
--	---

D Age or Date of Birth <div style="margin-top: 10px;"> <input style="width: 40px;" type="text"/> <input type="checkbox"/> Months (for infants) <small>Age</small> </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div><input style="width: 40px;" type="text"/> <small>Month</small></div> <div><input style="width: 40px;" type="text"/> <small>Day</small></div> <div><input style="width: 40px;" type="text"/> <small>Year</small></div> </div> </div>	E₁ Race <div style="margin-top: 5px;"> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined </div>	F Affiliation <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other </div>	H Severity <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death </div>
E₂ Ethnicity <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Hispanic </div>		G Date & Time of Injury <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <input style="width: 40px;" type="text"/> <small>Month</small> </div> <div> <input style="width: 40px;" type="text"/> <small>Day</small> </div> <div> <input style="width: 40px;" type="text"/> <small>Year</small> </div> <div> <input style="width: 40px;" type="text"/> <small>Hour</small> </div> <div> <input style="width: 40px;" type="text"/> <small>Minutes</small> </div> </div> </div>	

I Cause of Injury <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	J Human Factors Contributing to Injury <div style="margin-top: 5px;"> <input type="checkbox"/> None <small>Check all applicable boxes</small> 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person </div>	K Factors Contributing to Injury <div style="margin-top: 5px;"> <input type="checkbox"/> None <small>Enter up to three contributing factors</small> <div style="margin-top: 5px;"> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <small>Contributing factor (1)</small> </div> <div style="margin-top: 5px;"> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <small>Contributing factor (2)</small> </div> <div style="margin-top: 5px;"> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <small>Contributing factor (3)</small> </div> </div>
---	---	--

L Activity When Injured <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	M₁ Location at Time of Incident <div style="margin-top: 5px;"> 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved U <input type="checkbox"/> Undetermined </div>	M₃ Story at Start of Incident <div style="margin-top: 5px;"> <small>Complete ONLY if injury occurred INSIDE</small> <div style="display: flex; justify-content: space-between;"> <div>Story at START of incident <input style="width: 40px;" type="text"/></div> <div><input type="checkbox"/> below grade</div> </div> </div>
M₂ General Location at Time of Injury <div style="margin-top: 5px;"> <small>Check ONE box. If undetermined, leave blank and skip to Section N.</small> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> 1 <input type="checkbox"/> In area of fire origin 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area </div> <div style="width: 50%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Skip to Section N</div> <div style="border: 1px solid black; padding: 2px;">Skip to Section M5</div> </div> </div> </div>		M₄ Story Where Injury Occurred <div style="margin-top: 5px;"> <small>Story where injury occurred, if different from M3</small> <div style="display: flex; justify-content: space-between;"> <div><input style="width: 40px;" type="text"/></div> <div><input type="checkbox"/> below grade</div> </div> </div>
<div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to Section N</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Skip to Section M5</div> </div>		M₅ Specific Location at Time of Injury <div style="margin-top: 5px;"> <small>Complete ONLY if casualty NOT in area of origin</small> <div style="display: flex; justify-content: space-between;"> <div><input style="width: 40px;" type="text"/></div> <div><input style="width: 40px;" type="text"/></div> </div> <small>Specific location at time of injury</small> </div>

N Primary Apparent Symptom <div style="margin-top: 5px;"> 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only </div> <div style="margin-top: 10px;"> <small>Look up a code only if the symptom is NOT found above</small> <div style="display: flex; justify-content: space-between;"> <div><input style="width: 40px;" type="text"/></div> <div><input style="width: 40px;" type="text"/></div> </div> <small>Primary apparent symptom</small> </div>	O Primary Area of Body Injured <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts </div>	P Disposition <div style="margin-top: 5px;"> <input type="checkbox"/> Transported to emergency care facility </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Remarks</div> <div style="width: 40%;"><small>Local option</small></div> </div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> </div>
--	---	---

A	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">FDID</div> </div> <div style="text-align: center;">★</div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">State</div> </div> <div style="text-align: center;">★</div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">MM</div> </div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">DD</div> </div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">YYYY</div> </div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Incident Date</div> </div> <div style="text-align: center;">★</div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Station</div> </div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Incident Number</div> </div> <div style="text-align: center;">★</div>	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Exposure</div> </div> <div style="text-align: center;">★</div>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 5 Fire Service Casualty
----------	---	--	--	--	--	--	---	--	---	--	--

B Injured Person <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="text-align: center;">First Name</div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="text-align: center;">MI</div> </div> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 5px;"></div> <div style="text-align: center;">Last Name</div> </div> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Identification Number</div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> Male ★ 2 <input type="checkbox"/> Female </div> <div> 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Volunteer </div> </div> </div> </div> </div> </div> <div style="width: 25%; vertical-align: top;"> C Casualty Number ★ <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 60px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">Casualty Number</div> </div> </div> </div>
--

D Age or Date of Birth ★ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Age <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">In years</div> </div> </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> Date of Birth <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Month</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Day</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Year</div> </div> </div> </div>	E Date & Time of Injury ★ Midnight is 0000. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date of Injury <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Month</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Day</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Year</div> </div> </div> <div style="width: 45%;"> Time of Injury <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Hour</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center;">Minutes</div> </div> </div> </div>	F Responses <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 60px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">Number of prior responses during past 24 hours</div> </div>
--	--	--

G1 Usual Assignment <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other </div>	G2 Physical Condition Just Prior To Injury <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Rested 2 <input type="checkbox"/> Fatigued 4 <input type="checkbox"/> Ill or injured </div> <div style="width: 45%;"> 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div> </div>	G4 Taken To <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported </div>
G3 Severity <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death </div>		G5 Activity at Time of Injury <div style="margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="text-align: center; font-size: small;">Activity at time of injury</div> </div>

H1 Primary Apparent Symptom <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Primary apparent symptom</div> </div>	I1 Cause of Firefighter Injury <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Cause of injury</div> </div>	I3 Object Involved in Injury <div style="margin-top: 10px;"> <input type="checkbox"/> None <div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Object involved in injury</div> </div>
H2 Primary Area of Body Injured <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Primary injured body part or area</div> </div>	I2 Factor Contributing to Injury <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">Contributing factor</div> </div>	

J1 Where Injury Occurred <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Enroute to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other </div>	J2 Story Where Injury Occurred <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center; font-size: small;">Story of injury</div> <div style="margin-left: 10px;"><input type="checkbox"/> Below grade</div> </div> 2 <input type="checkbox"/> Injury occurred outside </div>	J3 Specific Location Complete as applicable <div style="margin-top: 10px;"> 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other </div>
J4 Vehicle Type <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle </div>		
Remarks <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> </div>		
<div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: small;"> If protective equipment failed and was a factor in this injury, please complete the other side of this form. </div>		

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answered YES.

Yes Y ☐No N ☐Equipment
Sequence
Number

--	--	--	--

**NFIRS - 5
Fire Service
Casualty****K2 Protective Equipment Item****Head or Face Protection**

- 11 ☐ Helmet
12 ☐ Full face protector
13 ☐ Partial protector
14 ☐ Goggles/eye protection
15 ☐ Hood
16 ☐ Ear protector
17 ☐ Neck protector
18 ☐ Other

Coat, shirt, or trousers

- 21 ☐ Protective coat
22 ☐ Protective trousers
23 ☐ Uniform shirt
24 ☐ Uniform t-shirt
25 ☐ Uniform trousers
26 ☐ Uniform coat or jacket
27 ☐ Overalls
28 ☐ Apron or gown
29 ☐ Other

Boots or Shoes

- 31 ☐ Knee length boots w/ steel baseplate & steel toes
32 ☐ Knee length boots w/ steel toes only
33 ☐ 3/4 length boots w/ steel baseplate & steel toes
34 ☐ 3/4 length boots w/ steel toes only
35 ☐ Boots without steel baseplate & steel toes
36 ☐ Safety shoes w/ steel baseplate & steel toes
37 ☐ Safety shoes w/ steel toes only
38 ☐ Non-safety shoes
39 ☐ Other

Respiratory Protection

- 41 ☐ SCBA (demand) open circuit
42 ☐ SCBA (positive pressure) open circuit
43 ☐ SCBA closed circuit
44 ☐ Not self-contained
45 ☐ Cartridge respirator
46 ☐ Dust or particle mask
47 ☐ Other

Hand Protection

- 51 ☐ Firefighter gloves w/ wristlets
52 ☐ Firefighter gloves without wristlets
53 ☐ Work gloves
54 ☐ Hazmat gloves
55 ☐ Medical gloves
56 ☐ Other

Special Equipment

- 61 ☐ Proximity suit for entry
62 ☐ Proximity suit for non-entry
63 ☐ Totally encapsulated, reusable chemical suit
64 ☐ Totally encapsulated, disposable chemical suit
65 ☐ Partially encapsulated, reusable chemical suit
66 ☐ Partially encapsulated, disposable chemical suit
67 ☐ Flash protection suit
68 ☐ Flight or jump suit
69 ☐ Brush suit
70 ☐ Exposure suit
71 ☐ Self-contained underwater breathing apparatus (SCUBA)
72 ☐ Life preserver
73 ☐ Life belt or ladder belt
74 ☐ Personal alert safety system (PASS)
75 ☐ Radio distress device
76 ☐ Personal lighting
77 ☐ Fire shelter or tent
78 ☐ Vehicle safety belt
79 ☐ Other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

- 11 ☐ Burned
12 ☐ Melted
21 ☐ Fractured, cracked or broken
22 ☐ Punctured
23 ☐ Scratched
24 ☐ Knocked off
25 ☐ Cut or ripped
31 ☐ Trapped steam or hazardous gas
32 ☐ Insufficient insulation
33 ☐ Object fell in or onto equipment item
41 ☐ Failed under impact
42 ☐ Face piece or hose detached
43 ☐ Exhalation valve inoperative or damaged
44 ☐ Harness detached or separated
45 ☐ Regulator failed to operate
46 ☐ Regulator damaged by contact
47 ☐ Problem with admissions valve
48 ☐ Alarm failed to operate
49 ☐ Alarm damaged by contact
51 ☐ Supply cylinder or valve failed to operate
52 ☐ Supply cylinder/valve damaged by contact
53 ☐ Supply cylinder— insufficient air/oxygen
94 ☐ Did not fit properly
95 ☐ Not properly serviced or stored prior to use
96 ☐ Not used for designed purpose
97 ☐ Not used as recommended by manufacturer
00 ☐ Other equipment problem

K4 Equipment Manufacturer, Model & Serial Number

Manufacturer

Model

Serial Number

A	FDID <input style="width:40px;" type="text"/>	State <input style="width:40px;" type="text"/>	MM <input style="width:20px;" type="text"/> DD <input style="width:20px;" type="text"/>	YYYY <input style="width:40px;" type="text"/>	Station <input style="width:40px;" type="text"/>	Incident Number <input style="width:40px;" type="text"/>	Exposure <input style="width:40px;" type="text"/>	Haz No <input style="width:40px;" type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 7 HazMat
----------	---	--	---	---	--	--	---	---	--	-----------------------------

B	HazMat ID <input style="width:40px;" type="text"/>	UN Number <input style="width:40px;" type="text"/>	DOT Hazard Classification <input style="width:40px;" type="text"/>	CAS Registration Number <input style="width:40px;" type="text"/>	Chemical Name <input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>
----------	--	--	--	--	--	--

C1 Container Type <input style="width:40px;" type="text"/> Container Type	C2 Estimated Container Capacity <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/> Capacity: by volume or weight	D1 Estimated Amount Released <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/> Amount released: by volume or weight	E1 Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> More hazardous materials? Use additional sheets. </div>	C3 Units: Capacity Check one box <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters </div> <div style="width: 45%;"> WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms </div> </div>	D2 Units: Released Check one box <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> VOLUME 11 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 13 <input type="checkbox"/> Barrels: 42 gal. 14 <input type="checkbox"/> Liters 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters </div> <div style="width: 45%;"> WEIGHT 21 <input type="checkbox"/> Ounces 22 <input type="checkbox"/> Pounds 23 <input type="checkbox"/> Grams 24 <input type="checkbox"/> Kilograms </div> </div>	E2 Released Into <input style="width:40px;" type="text"/> Released into

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Complete the remainder of this form only for the first hazardous material involved in this incident. </div> F1 Released From: Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input style="width:40px;" type="text"/> Story of release 2 <input type="checkbox"/> Outside of structure	F2 Population Density 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	G2 Area Evacuated <input type="checkbox"/> None 1 <input type="checkbox"/> Square Feet <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/> 2 <input type="checkbox"/> Blocks Enter Measurement 3 <input type="checkbox"/> Square Miles	H HazMat Actions Taken Enter up to three actions taken <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Primary Action Taken (1) <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Additional Action Taken (2) <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Additional Action Taken (3)
	G1 Area Affected 1 <input type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square Miles <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/> Enter measurement	G3 Estimated Number of People Evacuated <input style="width:40px;" type="text"/> , <input style="width:40px;" type="text"/>	I If fire or explosion is involved with a release, which occurred first? 1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release

J Cause of Release <input style="width:40px;" type="text"/> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/containerment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	K Factors Contributing to Release Enter up to three contributing factors <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Factor Contributing To Release (1) <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Factor Contributing To Release (2) <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Factor Contributing To Release (3)	L Factors Affecting Mitigation Enter up to three factors or impediments that affected the mitigation of the incident <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Factor or impediment (1) <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Factor or impediment (2) <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Factor or impediment (3)
---	---	---

M Equipment Involved In Release <input type="checkbox"/> None <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Equipment involved in release Brand <input style="width:40px;" type="text"/> Model <input style="width:40px;" type="text"/> Serial Number <input style="width:40px;" type="text"/> Year <input style="width:40px;" type="text"/>	N Mobile Property Involved in Release <input type="checkbox"/> None <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Mobile property type <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Mobile property make <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Model Year <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> License Plate Number State <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> DOT Number/ ICC Number	O HazMat Disposition <input style="width:40px;" type="text"/> 1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/ fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager
		P HazMat Civilian Casualties <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Deaths <input style="width:40px;" type="text"/> </div> <div style="text-align: center;"> Injuries <input style="width:40px;" type="text"/> </div> </div> <div style="text-align: right; font-size: small;"> NFIRS-7 Revision 5/6/99 </div>

<h3 style="margin: 0;">J Property Management</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Indicate the percent of the total acres burned for <i>each</i> ownership type then check the ONE box to identify the property ownership at the origin of the fire. If the ownership at origin is Federal, enter the Federal Agency Code.</p> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Ownership</p> <p style="text-align: center;">↓</p> <p><input type="checkbox"/> Undetermined</p> <p>Private</p> <p>1 <input type="checkbox"/> Tax paying</p> <p>2 <input type="checkbox"/> Non tax paying</p> <p>Public</p> <p>3 <input type="checkbox"/> City, town, village, local</p> <p>4 <input type="checkbox"/> County or parish</p> <p>5 <input type="checkbox"/> State or province</p> <p>6 <input type="checkbox"/> Federal</p> <p style="margin-left: 40px;">Federal Agency Code</p> <p>7 <input type="checkbox"/> Foreign</p> <p>8 <input type="checkbox"/> Military</p> <p>0 <input type="checkbox"/> Other</p> </div> <div style="width: 45%; text-align: right;"> <p>% Total Acres Burned</p> <p style="text-align: center;">↓</p> <p>_____ %</p> </div> </div>	<h3 style="margin: 0;">K NFDRS Fuel Model at Origin</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Enter the code and the descriptor corresponding to the NFDRS Fuel Model at Origin</p> </div> <p>_____</p>	<h3 style="margin: 0;">M Right of Way</h3> <p>Required if less than 100 feet</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Feet</p> <p>Horizontal distance from right of way</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Type of right of way</p> </div> </div>
<h3 style="margin: 0;">L1 Person Responsible For Fire</h3> <p>1 <input type="checkbox"/> Identified person caused fire</p> <p>2 <input type="checkbox"/> Unidentified person caused fire</p> <p>3 <input type="checkbox"/> Fire not caused by person</p>	<h3 style="margin: 0;">N Fire Behavior</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>These optional descriptors refer to observations made at the point of initial attack</p> </div> <p>_____ Feet</p> <p>Elevation</p> <p>_____</p> <p>Relative position on slope</p> <p>_____</p> <p>Aspect</p> <p>_____ Feet</p> <p>Flame Length</p> <p>_____ Chains per Hour</p> <p>Rate of spread</p>	
<p>If person identified complete the rest of Section L</p>		
<h3 style="margin: 0;">L2 Gender of Person Involved</h3> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<h3 style="margin: 0;">L3 Age or Date of Birth</h3> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Age in Years</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Date of Birth</p> <p>Month Day Year</p> </div> </div> <p style="text-align: center; margin: 10px 0;">OR</p>	
<h3 style="margin: 0;">L4 Activity of Person</h3> <p>_____</p> <p>Activity of Person Involved</p>	<h3 style="margin: 0;">L5 Other</h3> <p>_____</p>	

A

FDID

State

MMDDYYYY

Incident Date

Station

Incident Number

Exposure

☐ Delete

☐ Change

NFIRS - 9
Apparatus or
Resources

B Apparatus or Resource <small>Use codes listed below</small>	Dates and Times <div style="display: flex; align-items: center;"> <small>Check if same date as alarm date</small> </div> <div style="display: flex; justify-content: space-between; font-size: 8pt;"> MonthDayYearHours/Mins </div>	Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1</div> <div style="display: flex; justify-content: space-between;"> <div>ID <div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div> <div>Dispatch <div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div>Arrival <div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div>Clear <div style="border-bottom: 1px solid black; width: 40px;"></div></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>Type <div style="border-bottom: 1px solid black; width: 20px;"></div></div> <div> <div>Dispatch <div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div>Arrival <div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div>Clear <div style="border-bottom: 1px solid black; width: 40px;"></div></div> </div> </div>		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
2		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
3		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
4		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
5		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
6		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
7		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
8		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>
9		<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 20px;"></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>

Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other	Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> <div> NN None UU Undetermined </div>
--	--	---	---

A	FDID ★	State ★	Incident Date ★	Station	Incident Number ★	Exposure ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel

B Apparatus or Resource ★	Dates and Times	Sent	Number of People ★	Use ★	Actions Taken
	<div style="text-align: center;"> Check if same date as alarm date Month Day Year Hours/Mins </div>	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>
<div style="border: 1px solid black; padding: 2px;"> 1 ID ★ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Type </div>	Dispatch <input type="checkbox"/> ★ Arrival <input type="checkbox"/> ★ Clear <input type="checkbox"/> ★	Sent <input type="checkbox"/>	#		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

<div style="border: 1px solid black; padding: 2px;"> 2 ID ★ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Type </div>	Dispatch <input type="checkbox"/> ★ Arrival <input type="checkbox"/> ★ Clear <input type="checkbox"/> ★	Sent <input type="checkbox"/>	#	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

<div style="border: 1px solid black; padding: 2px;"> 3 ID ★ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Type </div>	Dispatch <input type="checkbox"/> ★ Arrival <input type="checkbox"/> ★ Clear <input type="checkbox"/> ★	Sent <input type="checkbox"/>	#	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"></div> </div>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

A

FDID

State

Incident Date

Station

Incident Number

Exposure

☐ Delete
☐ Change

NFIRS - 11
Arson

B Agency Referred To ☐ None

Street Address

Their Case Number

Agency Name

City

Their ORI

Agency Phone Number

State

Zip Code

Their Federal Identifier (FID)

C Case Status

1 ☐ Investigation open

2 ☐ Investigation closed

3 ☐ Investigation inactive

4 ☐ Closed with arrest

5 ☐ Closed with exceptional clearance

D Availability of Material First Ignited

1 ☐ Transported to scene

2 ☐ Available at scene

U ☐ Unknown

E Suspected Motivation Factors

Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide
		53 <input type="checkbox"/> Domestic violence
		54 <input type="checkbox"/> Burglary
		61 <input type="checkbox"/> Homicide concealment
		62 <input type="checkbox"/> Burglary concealment
		63 <input type="checkbox"/> Auto theft concealment
		64 <input type="checkbox"/> Destroy records/evidence
		00 <input type="checkbox"/> Other motivation
		UU <input type="checkbox"/> Unknown motivation

F Apparent Group Involvement

Check up to three factors

1 ☐ Terrorist group

2 ☐ Gang

3 ☐ Anti-government group

4 ☐ Outlaw motorcycle organization

5 ☐ Organized crime

6 ☐ Racial/ethnic hate group

7 ☐ Religious hate group

8 ☐ Sexual preference hate group

0 ☐ Other group

N ☐ No group involvement, acted alone

U ☐ Unknown

H Incendiary Devices

Select one from each category

CONTAINER

11 ☐ Bottle (glass)

12 ☐ Bottle (plastic)

13 ☐ Jug

14 ☐ Pressurized Container

15 ☐ Can

16 ☐ Gasoline or fuel can

17 ☐ Box

00 ☐ Other Container

UU ☐ Unknown

NN ☐ None

IGNITION/DELAY DEVICE

11 ☐ Wick or Fuse

12 ☐ Candle

13 ☐ Cigarette & Matchbook

14 ☐ Electronic Component

15 ☐ Mechanical Device

16 ☐ Remote Control

17 ☐ Road flare/fuse

18 ☐ Chemical Component

19 ☐ Trailer/Streamer

20 ☐ Open flame source

00 ☐ Other delay device

UU ☐ Unknown

NN ☐ None

FUEL

11 ☐ Ordinary Combustibles

12 ☐ Flammable gas

14 ☐ Ignitable liquid

15 ☐ Ignitable solid

16 ☐ Pyrotechnic material

17 ☐ Explosive material

00 ☐ Other material

UU ☐ Unknown

NN ☐ None

G₁ Entry Method

Entry Method

G₂ Extent of Fire Involvement on Arrival

Extent of Fire Involvement

I Other Investigative Information

Check all that apply

1 ☐ Code violations

2 ☐ Structure for sale

3 ☐ Structure vacant

4 ☐ Other crimes involved

5 ☐ Illicit drug activity

6 ☐ Change in insurance

7 ☐ Financial problem

8 ☐ Criminal/Civil actions pending

J Property Ownership

1 ☐ Private

2 ☐ City, town, village, local

3 ☐ County or parish

4 ☐ State or province

5 ☐ Federal

6 ☐ Foreign

7 ☐ Military

0 ☐ Other

K Initial Observations

Check all that apply

1 ☐ Windows ajar

2 ☐ Doors ajar

3 ☐ Doors locked

4 ☐ Doors unlocked

5 ☐ Fire department forced entry

6 ☐ Forced entry prior to FD arrival

7 ☐ Security system activated

8 ☐ Security present, (didn't activate)

L Laboratory Used

Check all that apply

1 ☐ Local

2 ☐ State

3 ☐ ATF

4 ☐ FBI



5 ☐ Other Federal

6 ☐ Private

N ☐ None

KFDID State MM
Incident DateDD
Incident DateYYYY
Incident Date

Station

Incident Number Exposure ☐ Delete
☐ Change**NFIRS - 1S
Supplemental****K1****Person/Entity Involved**

Local Option

Business name if applicable

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

**K2****Person/Entity Involved**

Business name if applicable

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box number

Apt./Suite/Room

City

State

Zip Code

**K3****Person/Entity Involved**

Business name if applicable

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box number

Apt./Suite/Room

City

State

Zip Code

**K4****Person/Entity Involved**

Business name if applicable

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

**K5****Person/Entity Involved**

Business name if applicable

Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box number

Apt./Suite/Room

City

State

Zip Code



L1

Supplemental Special Studies

Local Option

Page Number

--	--	--

**NFIRS - 1S
Supplemental**

1

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

2

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

3

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

4

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

5

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

6

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

7

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

8

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Special Study ID# Special Study Value

L2

Remarks:

Local Option